

State of Tennessee

Department of State

Division of Elections 312 Eighth Avenue North 9th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243 Phone: (615) 741-7956 Fax: (615) 741-1278 ORIGINA:

Memorandum-

To: Election Assistance Commission

From: Brook K. Thompson

Date: March 30, 2005

Re.: Tennessee's Standard Form 269

Enclosed is Standard Form 269 to report on Tennessee's use of funds appropriated under Title II, Section 251 of the Help America Vote Act. The report covers funds spent from October 1, 2003 through September 30, 2004.

If you have questions regarding the report, please contact me.

The Department of State is an equal opportunity, equal access, affirmative action employer

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FINANCIAL STATUS REPORT





(Long Form)
(Follow instructions on the back)

1. Federal Agency	and Organizational Element	2. Federal Grant or Other Id	entifying Number Assign	ed	OMB Approval	Page	of
to Which Report is Submitted By Federal Agency General Services Administration				•••	No. 0348-0039	1	1 pages
3. Recipient Organ	nization (Name and complete	address, including ZIP code)					P-3-0
State of Tenne Elections Divis		r, 312 8th Avenue, N., Na	ashville, TN 37243				
4. Employer Identification Number 5. Recipient Account Number				6. Final Report	7. Basis		
				Yes No Cash Acci		Accru	al
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	9. Period Covered by From: (Month, Day,		To death Day	V	
7/13/2004			Open 7/13/2004		To: (Month, Day, Year) 9/30/2004		
10. Transactions:			1	111			-
a. Total outlays			Previously Reported	This Period	Cumulative		
							0.00
b. Refunds, rebates, etc.							0.00
c. Program income used in accordance with the deduction alternative							0.00
d. Net outlays (Line a, less the sum of lines b and c)							
			0.00	0.00	0.00		
	of net outlays, consisting o	f:				2000 BB	0.00
	(in-kind) contributions eral awards authorized to be us	and to match this award					0.00
							0.00
g. Program income used in accordance with the matching or cost sharing alternative							0.00
h. All other recipient outlays not shown on lines e, f or g							0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00	0.00			0.00
						(S/4)S	2////
j. Federal sha	re of net outlays (line d less lin	e i)	0.00	0.00			0.00
k. Total unliquidated obligations							0.00
I. Recipient's share of unliquidated obligations							0.00
m. Federal share of unliquidated obligations							0.00
n. Total Federal share (sum of lines j and m)							0.00
o. Total Federal funds authorized for this funding period					16,5	99,30	00.14
p. Unobligated balance of Federal funds (Line o minus line n)					16,5	99,30	00.14
Program income.	consisting of:					RRWE	
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above							
r. Disbursed program income using the addition alternative							
s. Undisbursed program income							
t. Total program income realized (Sum of lines q, r and s)			10 10 10 10 10 10 10 10 10 10 10 10 10 1				0.00
	a. Type of Rate (Place "X"	in appropriate box)					
11. Indirect	Provision		d. Total Amount	☐ Final	Fixed		
Expense	b. Rate	, Rate c. Base		e. F	ederal Share		
		l necessary or information requi	red by Federal sponsorir	ng agency in compliance	with		
governing legislation. Total amount of 5% match is \$870,838.							
Line 10o. includes interest earned of \$53,366.14.							
13. Certification:		owledge and belief that this re		nplete and that all outla	ys and		
unliquidated obligations are for the purposes set forth in the award documents. Typed or Printed Name and Title Telephone (Area code, number and extension)							
	on, Coordinator of Elect		(615) 741-7956				
Signature of Authorized Certifying Official				Date Report Submitted			
March 29, 2005							

Previous Edition Usable NSN 7540-01-012-4285 269-104

Standard Form 269 (Rev. 7-97)